

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23215**

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5567**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Days**  
(Specify whether years, months or days)  
In this community **25 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5622 Cates Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME **William Bowden**

3. (b) If veteran,

name war **No.**

3. (c) Social Security

No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nellie Bowden** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **September 14 1884.**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **9** Days **20** If less than one day  
hr. min.

9. Birthplace **Texas.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance Man.**

11. Industry or business **Williams & McRee Realty CO.**

12. Name **Robert Bowden**

13. Birthplace **Unknown.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Walker.**

15. Birthplace **Unknown.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie Bowden**

(b) Address **5622 Cates Ave.**

17. (a) **Burial** (b) Date thereof **7-7-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **JUL 6 1941** (b) **J. J. Gresham**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **July** day **4,**  
year **1941** hour **8:55** minute **P.** M.  
**June**

21. I hereby certify that I attended the deceased from **28,** 19**41** to **July 4,** 19**41**;  
that I last saw him alive on **July 4,** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death.  
**Arteriosclerotic heart disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Refused**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **Refused**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. J. Maxwell** (M. D. or other) **MD**

Address **1515 Lafayette Ave.,** **7/5/41**  
Date signed

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**